



WORK VERIFICATION FORM FOR FOREIGN EDUCATED PHYSICAL THERAPISTS LICENSED IN OTHER STATES

Please type or print. Signatures must be in blue ink.

Name of Physical Therapist Applying for a California Physical Therapist License:

First Name

Last Name

Place of Employment:

Name of the facility the applicant is actually working in

Street Address

City

State

Zip Code

Dates of Employment: From: _____ To: _____ Full-time _____ *Part-time _____

*If part-time, please provide hours per week worked: _____

Brief Description of Job Duties: _____

Supervisor's Name: _____ Supervisor's Job Title: _____

Supervisor's Daytime Telephone No. (____) _____

Supervisor's Professional License No. _____

Supervisor of Applicant during Specified Dates of Employment: _____

I declare under penalty of perjury under the laws of the State of California that the information contained in this document is true and correct.

Applicant's Signature _____ Date _____
(Blue Ink Only)

Supervisor's Signature _____ Date _____
(Blue Ink Only)